

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009661

STATE FILE NUMBER

1227

MAR 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS 1916 State Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Alfred James Sloan		4. DATE OF DEATH Mar. 4, 1959	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 23, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Sinclair Refinery (Retired)		11. BIRTHPLACE (City and state or country) Chicago, Illinois	
13. FATHER'S NAME Alfred Sloan		14. MOTHER'S MAIDEN NAME Mary Armour	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. 087-09-2867	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac decompensation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Ant. & Myo. Coronary Occlusion</i> DUE TO (c) <i>Arteriosclerosis & Hypertension</i>		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		17. INFORMANT Address Mrs. Anabel Sloan--1916 State Ave.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1852 to 3-4-59 and last saw him alive on 3-4-59. Death occurred at 4:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or title) John T. Skinner MD		22b. ADDRESS 1102 Grand. St. CMO	
22c. DATE SIGNED 3-6-59			
23a. BURIAL, CREMATION, RESIDUE (Specify) Burial		23b. DATE 3-7-59	
23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Gibson & Son Funeral Home--K.C.K.		25. DATE RECD. BY LOCAL REG. 3-6-59	
		26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

000-56

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

John T. Skinner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Phil C. Gibson*.....

Licensed Embalmer No. *31*.....
P. O. Address *Kansas City*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.